

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

APPLICATION INSTRUCTIONS FOR

SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Under the Community Development Block Grant Program, applicants can apply for one grant in one of the following categories: Community Livability, Water/Sewer, or Housing. Any questions relating to application requirements should be directed to the Office of Program Management, 312 Eighth Avenue North, 10th Floor, Nashville, Tennessee 37243-0405, Phone (615) 741-6201 (Voice/TDD).

This application is organized in basic sections. **Please complete each item or mark "not applicable."** Follow our format. Divide the application into the **five sections** as outlined and **tab**. Check off each item before you submit your application to ensure that it is complete. (Costs of application preparation are not eligible for reimbursement if the application is funded.)

Section 1 - Project Description

- ☐ Project information.
- ☐ Program narrative. This should be a clear, concise description of the project, including the problem to be solved by the project and any unusual project features.
- ☐ Implementation Plan. Mark each quarter that the activity will be undertaken.
- ☐ Existing facility inventory.
- ☐ Appropriate project area supplemental pages, i.e., water, sewer, housing, community livability.
- ☐ Statement from Utility District that they had input regarding the project, if applicable.
- ☐ Real property acquisition inventory.

Section 2 - Financial Information

- ☐ Project Budget.
- ☐ Detail of costs.
- ☐ Detail of administrative costs. This form projects the number of hours and amounts to be billed for each task. If more than one person or firm is providing administrative services, a separate form should be completed for each one.
- ☐ Local government resolution. **This must include a commitment to provide the local matching funds and include the dollar amount of those funds in the body of the resolution, along with the source of the funding, (i.e., water fund of city/county, RD loan, etc.).** If the local government expects to pass funds to a utility district or industrial development board, furnish a memorandum of agreement between the city/county and utility district/industrial development board.

- ☐ Documentation of procurement of professional services. Attach a copy of the letters sent to the firms. *(At least three must be sent.)* **If the project is a housing rehabilitation project, then also include the documentation of procurement of the housing inspection services.**
- ☐ **You cannot sign a contract for administrative, engineering, or architectural services until after the state has approved your selection of the administrator, engineer or architect.**
- ☐ Applicant's most recent audit report. If a utility district is to be the beneficiary of the grant, their most recent audit should be included. Only one copy is required. It should be attached to the **second** copy of the application. **DO NOT BIND.**

Section 3 - Federal Compliance Information

- ☐ National objective benefit justification.
- ☐ Direct or indirect benefit form. Complete whichever is applicable. Using the target area survey information you have used in your project documentation, please complete the project beneficiary form.
- ☐ LMI verification. To meet the national objective of low and moderate income, the project must benefit at least 51% low and moderate income persons. Applicants submitting an application under the LMI National Objective can conduct a Target Area Survey to document their LMI percentage. Census data is also acceptable and may be obtained from Program Management. The following items must be included in this section:
 - ☐ Target Area Survey Summary
 - ☐ Map/Survey Form
 - ☐ Map
 - ☐ Per Capita Income Calculations
 - ☐ Randomness Methodology

* Target Area Survey Forms for water line extensions, sewer line extensions and housing projects must be included in appendix of the original application only. We reserve the right to ask for system surveys if questions arise.
- ☐ Housing and community development needs.
- ☐ Public meeting documentation. This must include the advertisements for the meeting, minutes from the meeting, and the sign-in sheets.
- ☐ LMI/minority concentration maps.
- ☐ Title VI Compliance information
- ☐ Growth Plan information

- ☐ Displacement Plan. It is a Federal requirement that a **displacement plan be submitted with each application**. This allows the State to determine that displacement is properly being executed on projects displacing people. A format is provided which must be completed for every application submitted. If you have no displacement, you will simply fill in the name of the applicant, include a brief description of the project, and answer numbers 2 through 6 as not applicable.
- ☐ Disclosure Report. It is a Federal requirement that a **disclosure report be submitted with each application**. Disclosure of the sources and uses of government funds, the financial interests of individuals involved in this project, as well as other government assistance provided must be made on this form.

Section 4 - Engineering Information

A preliminary engineering report is required for all construction activities except housing. It should include a map showing the existing and proposed water/sewer improvement. The report should include a description of the project area, a thorough discussion of the problem being addressed in the application, proposed solution and other necessary information to the CDBG application. Cost of this report is not eligible for reimbursement.

Section 5 - Appendix

- ☐ Test results for water/sewer line extension projects or water system (pressure) projects.
- ☐ Support letters, etc.
- ☐ Target Area Survey Forms for water line extensions, sewer line extensions and housing projects.

Please submit three (3) copies of your application. **All copies must be bound on one side.** Copy 1 should be marked as the original and in a three ring binder. Copy 2 will be the finance copy. Attach the audit to this copy. Copy 3 is the other agency's review copy. **Only three ring binder notebooks will be accepted.** Please number the pages consecutively. **Quantitative information should be consistent throughout the application, including the engineering report.**

TENNESSEE SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

APPLICANT: _____

PROJECT TITLE: _____

Type of Project: [Check **one** of the four major categories plus **one** of the appropriate subcategory(ies)]☐ **Housing**☐ **Community Livability**☐ **Water**☐ **Sewer**☐ Fire Protection☐ Streets☐ Drainage☐ Buildings☐ Other☐ System☐ Source☐ Treatment Plant☐ Storage☐ Rehabilitation☐ Line Extension☐ System☐ Line Extension

TOTAL COST: \$ _____

CDBG REQUEST: \$ _____

OTHER FUNDING\$ _____
\$ _____
\$ _____**SOURCE**_____

_____**STATUS**_____

_____**National Objectives:** (Check one)☐ Low and Moderate Income☐ Imminent Threat☐ Slums and Blight**Project Profile:** ❶

LMI percentage: _____

County Unemployment Rate

2003 ❷ _____%

1993-2002 ❷ _____%

Per Capita Income

Target Area Survey \$ _____

1999 Income ❷ \$ _____

Development District: _____

County: _____

Applicant's Population: _____

Applicant's Minority Percentage: _____

Is the applicant a Three-Star community? _____ Yes _____ No

Chief Executive Officer:Name _____
Mailing Address _____

Title _____

Phone _____

Fax _____

Signature _____

Application Preparer:

Name _____

Agency _____

Signature _____

Phone _____

E-mail _____

❶ Information should be based on location of beneficiaries.

❷ Information distributed by Program Management.

Applicant/Project : _____

DESCRIPTION *(Be specific and include total number of persons and LMI percentage):*

Local Contact:

Name _____
Mailing _____
Address _____

Title _____

Phone _____

Utility Contact:

Name _____
Mailing _____
Address _____

Title _____

Phone _____

Engineer/Architect:

Name _____
Mailing _____
Address _____

Title _____

Phone _____

Administrator:

Name _____
Mailing _____
Address _____

Title _____

Phone _____

Applicant/Project : _____

State Legislators:

Name _____
Home
Address _____

Title State Senator

Phone _____

Name _____
Home
Address _____

Title State Representative

Phone _____

Name _____
Home
Address _____

Title _____

Phone _____

Federal Legislators:

Name Bill Frist
Mailing
Address SR-416 Russell Senate Office Bldg.

Title U.S. Senator

Washington, DC 20510

Phone (202) 224-3344

Name Lamar Alexander
Mailing
Address SD-B2 Dirksen Senate Office Bldg.

Title U.S. Senator

Washington, D.C. 20510

Phone (202) 224-4944

Name _____
Mailing
Address _____

Title U.S. Representative

Phone (202)

Applicant/Project : _____

PROGRAM NARRATIVE

Provide a brief description of the project. Be specific. State the major problem that is to be solved by this project, how each proposed improvement addresses the major problem and any unusual features of the project. Please limit your description to **three pages** or less.

Application/Project: _____

Implementation Plan

List below activities to be completed by quarter.

Activity	10/01/2004 12/31/2004	1/01/2005 3/31/2005	4/01/2005 6/30/2005	7/01/2005 9/30/2005	10/01/2005 12/31/2005	1/01/2006 3/31/2006	4/01/2006 6/30/2006	7/01/2006 9/30/2006
Environmental Review								
Administration								
Fair Housing Activity								
Appraisals								
Acquisition								
Legal Services								
Engineering Design								
Other Engineering Services								
Construction								
Construction Inspection								
Relocation								
Housing Rehabilitation								
Housing Inspection								
Clearance								
Fire Equipment Bid								
Fire Equipment Purchase								
Other								
Close-out								

EXISTING FACILITY INVENTORY

Complete the following information on existing and under-construction facilities which **relate to the proposed project**. This information should be completed for any project using water and/or sewer services. Include documentation in engineering report when applicable.

A. Water Source

Type and Capacity of Source (GPD):	Existing	Proposed	Total
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
Subtotal	_____	_____	_____
Average Daily Demand (GPD)	_____	_____	_____
Peak Daily Demand (GPD)	_____	_____	_____

B. Water Treatment Plant*

Name of System _____	Existing	Proposed	Total
Design Capacity (GPD)	_____	_____	_____
Average Daily Demand (GPD) (July 2002 through June 2003)	_____	_____	_____
Peak Daily Demand (GPD)	_____	_____	_____
Average Daily Pumping Time (Hours)	_____	_____	_____
Average Percentage Water Loss (July 2002 through June 2003)	_____	_____	_____
Average Daily Water Sold (GPD) (July 2002 through June 2003)	_____	_____	_____

* For applicants without a treatment plant, report the average water pumped and average water sold for your system only.

NOTE: WHEN THE APPLICATION IS FOR BUILDINGS, DOCUMENTATION OF ADEQUATE WATER PRESSURE FOR FIRE PROTECTION MUST BE PROVIDED.

C. Water Storage Volume

Total Storage Capacity _____ MG (with clearwell)

Total Distribution Storage Capacity _____ MG (without clearwell)

Capacity Available for Public Fire Protection _____ MG

D. Sewage Treatment Plant

Name of System _____	Existing	Proposed	Total
Design Capacity			
Hydraulic (MGD)	_____	_____	_____
Organic Loading (lbs/day)	_____	_____	_____
Average Daily Demand (MGD)	_____	_____	_____
Peak Daily Demand (MGD)	_____	_____	_____

Include a copy of the NPDES permit limits for existing plants in the Appendix. If a new discharge permit is required, attach a copy of the planning limits provided by the Division of Water Pollution Control, Permits Section, for a proposed discharge or upgrade.

- E. Are any of the existing facilities related to the proposed project presently under citation from the Tennessee Department of Environment and Conservation or the U.S. Environmental Protection Agency due to permit violations?

☐ Yes ☐ No.

If yes, identify facility and violation and include a copy of the citation in the Appendix.

INSERT THE FOLLOWING ITEMS HERE:

The appropriate project area supplemental pages

The statement from the utility district or city utility department that they have had input regarding the project.

Applicant/Project : _____

REAL PROPERTY ACQUISITION

Property must be acquired in accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (as amended).

NOTE: Plans and specifications cannot be approved and construction activities cannot begin until all acquisition of land and right-of-ways are complete. Documentation must be submitted with the plans and specifications.

Indicate type and number of each acquisition:

_____ Fee simple title

_____ Sewer line extension easements

_____ Water line extension easements

_____ Other



Check if no acquisition will be required.

Applicant/Project : _____

PROJECT BUDGET

	Total Cost	CDBG	Local	Other* _____	Other* _____
Construction <i>(Attach Detail)</i>					
Construction Inspection					
Engineering Design					
Other Engineering Services <i>(Attach Detail)</i>					
Legal Services					
Appraisals					
Acquisition					
Relocation					
Housing Rehabilitation					
Housing Inspection					
Clearance					
Project Contingency					
Administration <i>(Complete Detail of Administrative Costs Form)</i>					
Environmental Review					
Tap Fees for LMI's					
Other <i>(Attach Detail and Specify)</i>					
TOTAL	\$	\$	\$	\$	\$

* If other funding has been approved, attach a copy of the approval.

Applicant/Project : _____

DETAIL OF COSTS

OTHER ENGINEERING SERVICES

Surveys	\$ _____
Geotechnical	_____
Sewer Plant Start-up	_____
Total	\$ _____

OTHER:

How long will construction take?

Will any of the project be done using force account?* ____ yes ____ no.

NOTE: Approval to do force account work requires that the grant recipient must own the necessary equipment, use currently employed city forces, and obtain State approval by submitting the following information:

1. Names and engineering qualifications of personnel performing the work and their capabilities for design, supervision, planning, inspection, testing, etc. as applicable.
2. Details of experience with projects of like or similar nature.
3. Information on workload as it may affect capacity to do the work within time frame or work schedule.
4. Justification for doing the work by force account rather than by contract.
5. A complete breakdown showing: (a) the number of work hours and cost per hour for each category of labor; and (b) a list of non-salary costs such as materials, supplies, equipment, etc.
6. Certification from the above mentioned personnel's supervisor confirming that they are full time City/County employees and have not been hired just for this project.
7. Certification confirming the equipment to be used is owned by the City/County and that it is not rental equipment.

* This includes service lines and/or hookups.

DETAIL OF ADMINISTRATIVE COSTS (continued)

DETAIL OF ADMINISTRATIVE COSTS

Name of Person or Firm Providing Services _____

TASK	Projected Number of Hours	Amount
1. Environmental Review Record		
A. Project Not In Floodplain B. Project In Floodplain C. Project Requiring Archaeological Survey		
2. Project Files		
A. Set Up B. Monthly Maintenance/Update		
3. Fair Housing/Equal Opportunity		
A. Fair Housing Activity B. Equal Opportunity 1. Section 3 Plan 2. On-Site Poster Documentation 3. Contact Female/Minority Contractor 4. Contractor/Subcontractor Activity Report		
4. Acquisition - Fee Simple		
A. Identification of Properties To Be Acquired and Locating Property Owners B. Compilation of Case Files and Ongoing Record Keeping C. Coordinating Services of Title Attorney, Surveyor and Appraisers D. Negotiation to Purchase and Final Sale and Closing		
5. Relocation		
A. Identification of Relocation Needs and Available Resources B. Compilation of Case Files and Ongoing Record Keeping C. Identify Comparables and Maintain Records on Available Housing Market		

DETAIL OF ADMINISTRATIVE COSTS (continued)

TASK	Projected Number of Hours	Amount
6. Housing Rehabilitation		
A. Identification of Units and Determination of Eligibility		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Solicitation of Contractors and Pre- bid Activity		
D. Release of Liens, Certification of Completion/Final Inspection		
E. Pay Requests and Record Keeping for Escrow Accounts		
F. Quarterly Performance Reports		
7. Housing Inspection		
A. Monitoring Ongoing Construction and Scheduling Inspections and Write-Ups		
B. Inspections		
C. Final Inspections		
8. Clearance		
A. Identify Properties and Contractors		
B. Bid Process for Demolition		
C. Releases and Payment to Contractor		
9. Labor Compliance		
A. Request Wage Rate		
B. 10 day Call/Memo for Files		
C. Attend Bid Opening/Prepare Minutes		
D. Notice of Contract Award/Pre- Construction Conference		
E. Coordinate and Conduct Pre- Construction Conference		
F. Prepare Minutes of Pre- Construction Conference		
G. Bid Advertisement Documentation for Files		
H. Bid Tabulation Documentation for Files		

DETAIL OF ADMINISTRATIVE COSTS (continued)

TASK	Projected Number of Hours	Amount
I. Executed Bid Document/Specs including Certifications regarding EO, Labor, and Section 3, Insurance/Bonding – Documentation for Files		
J. Contractor Recommendation Letter		
K. Contractor/Subcontractor Eligibility Verification		
L. Notice to Proceed		
M. Conduct Employee Interviews and Check Site for Posters		
N. Check Weekly Payrolls/Cross Check with Interviews		
O. Consultation with Engineer, State, Other Funding Agency		
P. Release of Liens/Certificate of Completion/Final Inspection		
10. Fire Protection		
A. Prepare/Submit Equipment Specifications		
B. Advertise		
C. Coordinate Bid-Tabs Approval		
D. Photograph Items Purchased		
11. Financial Management		
A. Authorized Signature Cards		
B. Designation of Depositary		
C. Requests for Payment		
D. Payment of Invoices		
E. Posting of Accounting Records (Local Level)		
F. Budget Spreadsheets		
G. Budget Revisions		
12. State Monitoring		
A. First TA Visit		
B. Monitoring Visit		
C. Compliance Close-Out Visit		
D. Financial Close-Out Visit		
13. Close-Out		
A. Survey of Direct Beneficiaries		
B. Jobs Form		
C. Financial Report in Close-Out Package		
D. File Review		

Applicant/Project : _____

INSERT THE FOLLOWING ITEMS HERE:

Local Government Resolution

Documentation of Procurement of Professional Services

If housing rehabilitation project, documentation of procurement of housing inspection services.

NOTE: You cannot sign a contract for administrative, engineering, or architectural services until the state has approved your selection of the administrator, engineer or architect.

Applicant/Project : _____

NATIONAL OBJECTIVE BENEFIT JUSTIFICATION

Justify your project under one of the three national objectives. If the national objective that the project addresses is benefit to low and moderate income persons, describe the area in the community or target area where low and moderate income persons live and how they would benefit from the project. Also, describe the benefit to minorities. To meet the national objective of low and moderate income, the project must benefit at least 51% low and moderate income persons. If the project is justified under slums and blight or imminent threat, the justification should address the definition of that objective used in the Important Notices.

STATE STAFF USE ONLY			
National Objective Verified	<input type="checkbox"/>		
Construction	<input type="checkbox"/>	Clearance	<input type="checkbox"/>
Acquisition	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Relocation	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
Housing Rehab	<input type="checkbox"/>	Other	<input type="checkbox"/>
Eligible Activities Verified: _____			

MINORITY BENEFIT BREAKDOWN

1. African American/Black

2. Hispanic

3. Asian

4. American Indian/Alaskan Native

5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & White

7. American Indian/Alaskan Native & African American/Black

8. African American/Black & White

9. Asian & White

10. Other Multi-Racial

Grantee	Activity	Applicant									
		1	2	3	4	5	6	7	8	9	10



Tennessee Department of Economic and Community Development

INDIRECT BENEFIT FORM

Name of Grantee _____

Activity Name	Persons that the activity will serve		Minority * Served		Female Head of Household Served		Elderly Served		Disabled Served		LMI Served	
	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars

LMI Percentage _____

An indirect benefit is an activity that will benefit the entire community. It must reflect CDBG money only.

* If an entry is made in this column, please refer to the attached sheet.

MINORITY BENEFIT BREAKDOWN

1. African American/Black
2. Hispanic
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & White
7. American Indian/Alaskan Native & African American/Black
8. African American/Black & White
9. Asian & White
10. Other Multi-Racial

[illegible]

2004 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM TARGET AREA SURVEY

1. Applicant _____, Tennessee
2. Project Name _____
3. Date of Survey _____
4. Name of Resident _____
5. Address _____

(No P.O. Box #)

_____ Map # _____

(City)

(County)

Check one: ☐ House is inside city limits. ☐ House is outside city limits.

6. Residence Status (check one) ☐ Owner or ☐ Renter (Owner's Name _____)
7. Number of Persons in Household _____
8. Number of Minorities in Household _____

8a. Race/Ethnicity

- | | |
|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> African American/Black & White |
| <input type="checkbox"/> American Indian/Alaskan Native & African American/Black | <input type="checkbox"/> Other Multi-Racial |
| | <input type="checkbox"/> White |

9. Number of Persons with a Disability _____
10. Number of Persons 62 or Older in Age in Household _____
11. Is Head of Household Female? (check one) Yes ☐ No ☐

12. Total Annual Household Income (complete A or B)

A. Intervals (check one)

- | | | | | | |
|-------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|
| Less than \$2,500 | <input type="checkbox"/> | \$15,000-\$17,499 | <input type="checkbox"/> | \$30,000-\$32,499 | <input type="checkbox"/> |
| \$2,500-\$4,999 | <input type="checkbox"/> | \$17,500-\$19,999 | <input type="checkbox"/> | \$32,500-\$34,999 | <input type="checkbox"/> |
| \$5,000-\$7,499 | <input type="checkbox"/> | \$20,000-\$22,499 | <input type="checkbox"/> | \$35,000-\$37,499 | <input type="checkbox"/> |
| \$7,500-\$9,999 | <input type="checkbox"/> | \$22,500-\$24,999 | <input type="checkbox"/> | \$37,500-\$39,999 | <input type="checkbox"/> |
| \$10,000-\$12,499 | <input type="checkbox"/> | \$25,000-\$27,499 | <input type="checkbox"/> | \$40,000-\$42,499 | <input type="checkbox"/> |
| \$12,500-\$14,999 | <input type="checkbox"/> | \$27,500-\$29,999 | <input type="checkbox"/> | \$42,500-\$44,999 | <input type="checkbox"/> |
| | | | | \$45,000 or more | <input type="checkbox"/> |

B. Exact Amount \$ _____

SURVEY CONTINUED ON THE BACK

2004 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM TARGET AREA SURVEY

Complete for water and sewer line extensions only.

13. If water/sewer service were available at a minimum monthly bill of \$ _____ and a meter deposit of \$ _____, would you be willing to hookup to the water/sewer service?
(check one) Yes ☐ No ☐
14. If a tap fee of \$ _____ is required, would you be willing to hookup to the water/sewer service?
(check one) Yes ☐ No ☐

Complete for water line extensions only.

15. What is your source of water?
(check one) Well ☐ Spring ☐ Other ☐ N/A ☐
16. How many days per year are you without water?
(check one) ☐ No days without water
☐ 1 - 90
☐ 91 - 180
☐ 181 - 270
☐ 271 - 360

Instructions for Completing 2004 CDBG Target Area Survey

1. Indicate the name of the city/county applicant here. It should be on every survey.
2. The title of the project should be listed here. It should be on every survey.
3. Enter the actual date that the survey was conducted.
4. Print the full legal name of the resident(s) here. If married, put both husband and wife's first names.
5. Print the mailing address of the residence here. List the appropriate map number that corresponds with the residence's map # in space provided..
6. There must be an occupied dwelling at this address. If the project is a line extension project and the occupant is a renter, fill in the owner's name and attach another Target Area Survey for the owner.
7. Indicate the total number of people living in the house.
8. Indicate the total number of minority persons living in the house. This includes both adults and children. Also mark which race they are. (African-American, Native American, Hispanic, Asian, etc.)
9. Indicate the total number of persons with a disability.
10. Indicate the total number of people living in the house who are 62 or older.
11. Indicate if the head of household is a female.
12. Check income range the household falls within or write the exact income.
13. Enter the dollar amount of the minimum monthly bill and the amount of the meter deposit, if any. Quote these amounts to the residents and ask them if they are willing to hookup. This is **required** only for water and sewer line extension projects.
14. Enter the amount of the tap fee, and ask the residents if they would be willing to pay to hook up.
15. Indicate the current source of the residence's water.
16. If the residents are without water during the year, ask them how many days that occurs.

INSTRUCTIONS TO COMPLETE TARGET AREA SURVEY SUMMARY FORM

BOX

A	=	Total number of houses actually surveyed (<i>i.e., a response was obtained</i>)
B	=	Total number of LMI houses
C	=	Total number of persons in the houses surveyed (<i>in A</i>)
D	=	Total number of LMI
E-H	=	Number of persons (<i>information obtained from surveys</i>)
AA	=	Actual field count of houses in the target area
I	=	$\frac{A}{AA}$ (<i>For line extensions, this is 100%</i>)
J & JJ	=	$\frac{B}{A}$
K & KK	=	$\frac{D}{C}$ (<i>Round to one decimal place</i>)
L & LL	=	$\frac{E}{C}$
M & MM	=	$\frac{F}{C}$
N & NN	=	$\frac{G}{C}$
O & OO	=	$\frac{H}{C}$
BB	=	(JJ) x (AA)
CC	=	$\frac{(C)}{(A)}$ x (AA) (<i>Round at end only</i>)
DD	=	(CC) x (KK)
EE	=	(CC) x (LL)
FF	=	(CC) x (MM)
GG	=	(CC) x (NN)
HH	=	(CC) x (OO)

* For line extension projects, complete only A-O.

TARGET AREA SURVEY

SUMMARY

HOUSES

	Total	Response Rate	Total LMI
No.	A		B
%		I	J

PERSONS

Total	Total LMI	Total No. of Minorities	Total No. Female Head of Household	Total No. of Elderly	Disabled
C	D	E	F	G	H
	K	L	M	N	O

No.	AA		BB
%	100		JJ

CC	DD	EE	FF	GG	HH
	KK	LL	MM	NN	OO

REQUIRED RESPONSE RATES FOR **ALL** PROJECTS EXCEPT LINE EXTENSIONS WHICH REQUIRE 100% RESPONSE RATE

NO OF HOUSES

RESPONSE RATE

0	-	49	89%
50	-	99	80%
100	-	249	61%
250	-	499	43%
500	-	999	28%
1000	-	2499	14%
2500	-	4999	7%
5000	+		4%

Beneficiary Information

COMPLETE THIS FORM FOR ALL PROJECTS

Number of Beneficiary Households _____ **
(This is the same number as AA on the Target Area Survey Summary sheet)

Number of Households INSIDE the _____ LIMITS *
CITY

Percentage of Households INSIDE the City Limits _____ ***
(ROUND TO THE NEAREST WHOLE NUMBER)

Number of Households in _____ *
COUNTY

Percentage of Households in the County _____ ***
(ROUND TO THE NEAREST WHOLE NUMBER)

Number of Households in Another _____ *
CITY/COUNTY

Percentage of Households in Other Jurisdiction _____ ***
(ROUND TO THE NEAREST WHOLE NUMBER)

* These numbers will equal ** this number

*** These percentages will equal 100%

IF ALL BENEFICIARIES LIVE IN ONE JURISDICTION (CITY OR COUNTY) DO NOT USE
WEIGHTED AVERAGES.

MAP/SURVEY FORM INSTRUCTIONS
for
Water Line Extensions

1. All houses in the Target Area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...
2. If the homeowner indicated that they did not want water, place an **X** in this column.

EXAMPLE

If 13. No answer (blank)
14. No answer (blank)

If 13. No
14. Yes/No/Blank

If 13. No
14. No

3. For the bacteria column, indicate whether bacteria is present (positive) or not present (negative).
4. For the mineral column, identify the mineral tested and fill in the blank with concentration of that mineral.
5. For supply, indicate the number of days without water.

Choose the most significant problem (bacteria, mineral or supply) that needs correcting.

Only one column of columns 3, 4 or 5 should be completed.

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

MAP/SURVEY FORM INSTRUCTIONS

These should be completed for all system-wide projects except water systems (pressure tested).

If a column is not complete either with a number or NS, it will be assumed the house was not surveyed.

1. All houses in the Target Area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

MAP/SURVEY FORM

[illegible]**TOTALS**

--	--

[illegible]

TOTALS

--	--

TOTAL **No. of Houses Surveyed This Page** _____ **Total Project** _____

* Indicate if a house is vacant.

MAP/SURVEY FORM INSTRUCTIONS

Water Systems (Pressure Tested)

If a column is not complete either with a number or NS, it will be assumed the house was not surveyed.

1. All houses in the Target Area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...

Use the test results only for houses that completed a target area survey.

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

MAP/SURVEY FORM

Water System (Pressure Tested)

HOUSE/MAP NUMBER*	NOT SURVEYED	TOTAL PERSONS	LMI PERSONS	PRESSURE TEST RESULTS
TOTAL				

TOTAL No. of Houses Surveyed This Page _____ Total Project _____

* Indicate if a house is vacant.

Water Line Extension

TOTAL		
-------	--	--

* Indicate if a house is vacant.

MAP/SURVEY FORM INSTRUCTIONS
for
Sewer Line Extensions

1. All houses in the target area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...
2. If the homeowner indicated that they did not want service, place an **X** in this column.
3. The septic tank test results should be listed in this column.

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

MAP/SURVEY FORM

for

Sewer Line Extensions

House Number❶ (Map Number)	Name	No.❷ To Service	Total Persons or Not Surveyed	LMI Persons or Not Surveyed	Septic Tanks❶	Comments
					Failure or Non Failure	

Total

* Indicate if a house is vacant.

The map should be inserted here. It must be keyed to the map/survey form on the preceding page. The map should fit within the application. A **large foldout map** is acceptable and may be placed in a pocket in the application.

INSTRUCTIONS FOR PER CAPITA INCOME CALCULATIONS

A. Use 2004 TAS results

- Exact income obtained to calculate PCI directly
or
- Income intervals used to calculate PCI indirectly

$$\frac{1999 \text{ PCI}^{\textcircled{2}}}{1999 \text{ MFI}^{\textcircled{3}}} = \frac{2004 \text{ PCI}}{2004 \text{ MFI}}$$

$$2004 \text{ PCI} = 2004 \text{ MFI} \times \frac{1999 \text{ PCI}}{1999 \text{ MFI}}$$

B. Steps to Calculate MFI and PCI

	Intervals	Number in Each Interval	Cumulative
1.	Less than 2,500	20	20
2.	\$ 2,500 - 4,999	20	40
3.	\$ 5,000 - 7,499	30	70
4.	\$ 7,500 - 9,999	40	110
5.	\$ 10,000 - 12,499	30	140
6.	\$ 12,500 - 14,999	30	170
7.	\$ 15,000 - 17,499	20	190
8.	\$ 17,500 - 19,999	10	200
9.	\$ 20,000 - 22,499	0	
10.	\$ 22,500 - 24,999	0	
11.	\$ 25,000 - 27,400	0	
12.	\$ 27,500 - 29,999	0	
13.	\$ 30,000 - 32,499	0	
14.	\$ 32,500 - 34,999	0	
15.	\$ 35,000 - 37,499	0	
16.	\$ 37,500 - 39,999	0	
17.	\$ 40,000 - 42,499	0	
18.	\$ 42,500 - 44,999	0	
19.	\$ 45,000 or more	0	

1. Rank surveys lowest to highest and place results in appropriate interval.
 - 20 surveys/family in 1 interval
 - Etc.
2. Midpoint or Median = Total Surveys/2
 - $200/2 = 100$ **(Round here)**
 - In 4th interval or \$7500-9999 range
3. 100 Survey Will Equal
 - 70 surveys in intervals 1, 2, 3 PLUS
 - 30 of 40 surveys in this 4th range
4. Assume these 40 spread out evenly within this interval **(Use fraction)**
 - Then 30 survey is $(30/40) = 3/4$ of way into this interval
5. To find this number take $3/4$ of interval and add this to lower limit

$$3/4 (9999-7500) + 7500 = \$9374 \text{ **(Round here)**}$$
6. \$9374 represents midpoint of these 200 surveys and is 2004 MFI
7. Plug this number into equation to get 2004 PCI

$$2004 \text{ MFI} (1999 \text{ PCI}/1999 \text{ MFI}) = 2004 \text{ PCI} \text{ **(Round here)}**}$$

^① 1999 Data from 2000 Census
^② Per Capita Income
^③ Median Family Income

Applicant/Project : _____

WORKSHEET FOR PER CAPITA INCOME CALCULATIONS

A. Use 2004 TAS results

- Exact income obtained to calculate PCI directly
or
- Income intervals used to calculate PCI indirectly

$$\frac{1999 \text{ ① PCI ②}}{1999 \text{ MFI ③}} = \frac{2004 \text{ PCI}}{2004 \text{ MFI}}$$

$$2003 \text{ PCI} = 2004 \text{ MFI} \times \frac{1999 \text{ PCI}}{1999 \text{ MFI}}$$

B. Calculate MFI and PCI

Intervals		Number in Each Interval	Cumulative
1.	Less than 2,500	_____	_____
2.	\$ 2,500 - 4,999	_____	_____
3.	\$ 5,000 - 7,499	_____	_____
4.	\$ 7,500 - 9,999	_____	_____
5.	\$ 10,000 - 12,499	_____	_____
6.	\$ 12,500 - 14,999	_____	_____
7.	\$ 15,000 - 17,499	_____	_____
8.	\$ 17,500 - 19,999	_____	_____
9.	\$ 20,000 - 22,499	_____	_____
10.	\$ 22,500 - 24,999	_____	_____
11.	\$ 25,000 - 27,499	_____	_____
12.	\$ 27,500 - 29,999	_____	_____
13.	\$ 30,000 - 32,499	_____	_____
14.	\$ 32,500 - 34,999	_____	_____
15.	\$ 35,000 - 37,499	_____	_____
16.	\$ 37,500 - 39,999	_____	_____
17.	\$ 40,000 - 42,499	_____	_____
18.	\$ 42,500 - 44,999	_____	_____
19.	\$ 45,000 or more	_____	_____

Show steps 1-7 here.

-
- ① 1999 Data from 2000 Census
② Per Capita Income
③ Median Family Income

Per Capita Income Calculations (Multi-Jurisdictions)

Complete the Per Capita Income calculations for each area, then multiply by the percentage of connections in that area.

City:	$\frac{(2004MFI)(99PCI)}{(99MFI)}$	=	2004 PCI ____ X ____ % =
_____	_____	=	_____ X _____ % = _____
County:	$\frac{(2004MFI)(99PCI)}{(99MFI)}$	=	2004 PCI ____ X ____ % =
_____	_____	=	_____ X _____ % = _____
Other:	$\frac{(2004MFI)(99PCI)}{(99MFI)}$	=	2004 PCI ____ X ____ % =
_____	_____	=	_____ X _____ % = _____

Total for Target Area _____

City	1999 P C I ____	X ____	% =
_____	_____	X _____	% = _____
County	1999 P C I ____	X ____	% =
_____	_____	X _____	% = _____
Other	1999 P C I ____	X ____	% =
_____	_____	X _____	% = _____

Total for 1999 Per Capita Income _____

INSERT THE FOLLOWING ITEMS HERE:

Per Capita Income Calculations

Randomness Methodology

Give a description of how the target area surveys were conducted. Give the name of the person(s) who conducted the survey, their address and telephone number.

THE WATER OR SEWER LINE TEST RESULTS SHOULD BE INSERTED IN AN APPENDIX.

If your project is a sewer line extension project and your community has a local ordinance requiring mandatory hook-up, please include in the appendix. Also include a letter from the chief elected official which states that the ordinance will be enforced.

Applicant/Project : _____

HOUSING AND COMMUNITY DEVELOPMENT NEEDS

Describe your community development and housing needs as identified by your local governing body. Include the needs of low and moderate income persons, minorities and disabled persons along with a brief discussion of the activities that will be undertaken to meet such needs. Specifically, reference how this application addresses those needs and the efforts accomplished on the local level to address those needs. **Explain why this project was submitted for funding rather than other projects that might have been submitted.**

INSERT THE FOLLOWING ITEMS HERE:

1. Public meeting documentation. This must include the advertisement, minutes from the meeting, and the sign-in sheets.
2. LMI/minority concentration maps.

"AREA OF MINORITY CONCENTRATION" defined as any neighborhood in which the percentage of households in a particular racial or ethnic minority group is at least 20 points higher than their percentage for the jurisdiction as a whole; or a neighborhood in which the percentage of minorities is at least 20 points above the overall percentage of minorities in the jurisdiction. To illustrate, in a jurisdiction with 15 percent black and 85 percent white population, any neighborhood that is more than 35 (15 plus 20) percent black would be defined as an "area of minority concentration." In jurisdiction with 60 percent black and 40 percent white population, only neighborhoods that are more than 80 (60 plus 20) percent black would be classified as "areas of minority concentration."

In a jurisdiction that is 10 percent black, 30 percent Hispanic and 60 percent white, a neighborhood would be classified an "area of concentration" only if it was more than 30 percent black or more than 50 percent Hispanic. A neighborhood that is 20 percent black and 40 percent Hispanic would also be considered an "area of minority concentration," because the minority percentage is 20 points above the total overall percentage of minorities in the jurisdiction.

3. Title VI Compliance Information (See guidelines)
4. Growth Plan Information (See questions)

TITLE VI COMPLIANCE INFORMATION FOR CDBG APPLICATIONS

1. List by name members of the municipal or county legislative organization (city council or county commission) submitting the CDBG application. Identify which of these individuals are of the following racial classifications:
 - a. African American, not Hispanic
 - b. Hispanics
 - c. Asian or Pacific Islanders
 - d. Native American/Alaskan

2. List by name members of the municipal or county planning commission who serve the local government submitting the CDBG application. Identify which of these individuals are of the following racial classifications:
 - a. African American, not Hispanic
 - b. Hispanics
 - c. Asian or Pacific Islanders
 - d. Native American/Alaskan

3. CDBG applicants are required to hold a public meeting prior to the submission of applications to evaluate community needs, and to explain how CDBG funds may be used to address these needs. In addition to informing the public of this meeting through the local newspaper, applicants must make an effort to secure minority participation in this process. The CDBG application must contain the following information:
 - a. A description of the process that was used to secure the participation of minorities in this meeting.
 - b. The number of individuals who participated in the public meeting and the number who are of the following racial classifications:
 1. African American, not Hispanic
 2. Hispanics
 3. Asian or Pacific Islanders
 4. Native American/Alaskan

Applicant/Project : _____

GROWTH PLAN

Beginning September 1, 2003 all state grant applications administered by the Department of Economic and Community Development must include supporting documentation that the county joint economic and community development board is legally established, is composed of the minimum required members, and that the board and its executive committee have met according to state law. A copy of the interlocal agreement and certified minutes shall be the minimum acceptable documentation. We will accept applications where good faith efforts to meet are demonstrated by providing a schedule for both the board and executive committee indicating meeting dates between September 1, 2003 and June 30, 2004. By July 1, 2004 every local government applying for a state grant administered by this department must provide records that document a minimum of four board meetings and eight executive committee meetings were held during the previous twelve months.

Applicant/Project : _____

DISPLACEMENT PLAN FORMAT (This must be completed for all applications.)

The [jurisdiction] will replace all occupied and vacant occupiable low/moderate-income dwelling units demolished or converted to a use other than as low/moderate-income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion.

The following information must be submitted:

1. A description of the proposed assisted activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate-income dwelling units as a direct result of the assisted activity;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;
5. The source of funding and a time schedule for the provision of replacement dwelling units; and
6. The basis for concluding that each replacement dwelling unit will remain a low/moderate-income dwelling unit for at least 10 years from the date of initial occupancy.

The [jurisdiction] will provide relocation assistance to each low/moderate-income household displaced by the demolition of housing or by the conversion of a low/moderate-income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the Act, the [jurisdiction] will take the following steps to minimize the displacement of persons from their homes:

1. [To be completed by jurisdiction.]

PRELIMINARY ENGINEERING/ARCHITECTURAL REPORT

A preliminary engineering/architectural report must be inserted in the application. If the application is for water and sewer work, the engineering report must follow the guidelines established in the design criteria for water or sewer projects as provided by the Department of Environment and Conservation. Copies of the design criteria for water projects may be obtained from the Division of Water Supply. Copies of the design criteria for sewer projects may be obtained from the Division of Water Pollution Control.

If a project is submitted for work other than water and sewer, the preliminary engineering/architectural report should conform to commonly accepted engineering standards.

The plans and specifications must be stamped by a qualified professional registrant in accordance with state law.

Engineers/Architects need to submit their preliminary report to the Application Preparer 30 days prior to the deadline. This will allow sufficient time to compare the narrative part of the application with the engineering report for a consistent application.

Applicant/Project : _____

WASTEWATER SYSTEM

- A. Provide the following information about the major wastewater users in the service areas:

EXISTING SYSTEM

	No. of Hookups	No. of Persons	Present Flow (GPD)
Residential	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Infiltration/Inflow	_____	_____	_____
Subtotal	_____	_____	_____

PROPOSED IMPROVEMENTS

	No. of Hookups	No. of Persons	Projected Water Flow(GPD)
Residential	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Infiltration/Inflow	_____	_____	_____
Subtotal	_____	_____	_____

TOTAL

	No. of Hookups	No. of Persons	Projected Water Flow Year ____ (GPD)
Residential	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Infiltration/Inflow	_____	_____	_____
Subtotal	_____	_____	_____

- B. What is your existing residential sewer rate structure and what is the sewer cost for 5,000 gallons of water consumed? If this project will raise your sewer rates, what will the new rate structure be and how much will 5,000 gallons cost?

1. Attach existing and proposed rate structure from the wastewater provider on their letterhead.

Be sure to show the basis for the dollar amount charged.

2. Monthly sewer bill based on 5,000 gallons of water consumed

	<i>Existing</i>	<i>Proposed</i>
Inside City	\$	\$
Outside City	\$	\$

- C. If the project is a line extension, complete the table which provides information on the source of money for LMI hookups.

LINE EXTENSION HOOK-UP INFORMATION

	Low and Moderate Income	Non LMI	TOTAL
Number of Houses ^①			
Dollar Amount Budgeted for Service Lines ^{②, ③}			
Source of Funds ^④			
Dollar Amount Budgeted for Tap Fees ^⑤			
Source of Funds ^④			
Dollar Amount Budgeted for Connections ^{③, ⑥}			
Source of Funds ^④			

- ^① Should correspond to Target Area Survey Summary.
^② Is amount budgeted for LMI service lines included in construction item?

☐ YES ☐ NO If no, where is it included?

- ^③ Will force account work be used for the service lines or the connections? ☐ YES ☐ NO
^④ Local, CDBG or Homeowner.
^⑤ If no funds are budgeted for LMI tap fees, are these being waived by the community?
☐ YES ☐ NO
^⑥ Is amount budgeted for LMI connections included in construction line item?
☐ YES ☐ NO If no, where is it included?

Applicant/Project : _____

SEWER PROJECT IMPACT

1. \$ _____ CDBG ÷ _____ Persons = \$ _____/Person

2. \$ _____ CDBG ÷ _____ LMI Persons = \$ _____/LMI

If there are multiple activities, please calculate the cost/person and cost/LMI for all.

3. LMI % (Persons) = _____ %

4. Rate Factor Formula:

$$\frac{\text{Monthly Sewer Bill 5000 gals. Water}}{\text{Target Area Per Capita Income}} \times (100) = \underline{\hspace{2cm}}$$

$$(\$ \underline{\hspace{2cm}}) \div (\$ \underline{\hspace{2cm}}) \times (100) = \underline{\hspace{2cm}}$$

Applicant/Project : _____

WATER SYSTEM

- A. Provide the following information about the major water users in the service areas:

EXISTING SYSTEM

	No. of Hookups	No. of Persons	Present Water Demand(GPD)
Residential	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Subtotal	_____	_____	_____

PROPOSED IMPROVEMENTS

	No. of Hookups	No. of Persons	Projected Water Demand(GPD)
Residential	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Subtotal	_____	_____	_____

TOTAL

	No. of Hookups	No. of Persons	Projected Water Demand Year ____ (GPD)
Residential	_____	_____	_____
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Subtotal	_____	_____	_____

- B. What is your existing residential water rate structure and what is the cost for 5,000 gallons? If this project will raise your water rates, what will the new rate structure be and how much will 5,000 gallons cost?

1. Attach existing and proposed rate structure from the water provider on their letterhead.

Be sure to show the basis for the dollar amount charged.

2. Monthly water bill based on 5,000 gallons of water consumed

	<i>Existing</i>	<i>Proposed</i>
Inside City	\$	\$
Outside City	\$	\$

- C. If the project is a line extension, complete the table which provides information on the source of money for LMI hookups.

LINE EXTENSION HOOK-UP INFORMATION

	Low and Moderate Income	Non LMI	TOTAL
Number of Houses ^①			
Dollar Amount Budgeted for Service Lines ^{②, ③}			
Source of Funds ^④			
Dollar Amount Budgeted for Tap Fees ^⑤			
Source of Funds ^④			
Dollar Amount Budgeted for Connections ^{③, ⑥}			
Source of Funds ^④			

- ^① Should correspond to Target Area Survey Summary.
^② Is amount budgeted for LMI service lines included in construction item?

☐ YES ☐ NO If no, where is it included?

-
- ^③ Will force account work be used for the service lines or the connections? ☐ YES ☐ NO
^④ Local, CDBG or Homeowner.
^⑤ If no funds are budgeted for LMI tap fees, are these being waived by the community?
☐ YES ☐ NO
^⑥ Is amount budgeted for LMI connections included in construction line item?
☐ YES ☐ NO If no, where is it included?
-

Applicant/Project : _____

WATER PROJECT IMPACT

1. \$ _____ CDBG ÷ _____ Persons = \$ _____/Person

2. \$ _____ CDBG ÷ _____ LMI Persons = \$ _____/LMI

If there are multiple activities, please calculate the cost/person and cost/LMI for all.

3. LMI % (Persons) = _____ %

4. Rate Factor Formula:

$$\frac{\text{Monthly Water Bill 5000 gals. Water}}{\text{Target Area Per Capita Income}} \times (100) = \underline{\hspace{2cm}}$$

$$(\$ \underline{\hspace{2cm}}) \div (\$ \underline{\hspace{2cm}}) \times (100) = \underline{\hspace{2cm}}$$

Multi-Jurisdictions

Rate Factor Formula

_____	_____	_____
City	_____	_____
	_____	_____
	_____	_____
Total	5,000 gal	_____

Monthly water bill for 5000 gals X (100) = _____X_____% =
Target Area Per Capita Income

_____ X (100) = _____X_____% = _____

_____	_____	_____
County	_____	_____
	_____	_____
	_____	_____
Total	5,000 gal	_____

Monthly water bill for 5000 gals X (100) = _____X_____% =
Target Area Per Capita Income

_____ X (100) = _____X_____% = _____

_____	_____	_____
Other	_____	_____
	_____	_____
	_____	_____
Total	5,000 gal	_____

Monthly water bill for 5000 gals X (100) = _____X_____% =
Target Area Per Capita Income

_____ X (100) = _____X_____% = _____

Total Average Rate _____

COMMUNITY LIVABILITY

PROJECT NEED

(50 POINTS)

FACTORS CONSIDERED:

**THE DEGREE TO WHICH THERE IS A NEED FOR THE
PROJECT (NO EXISTING FACILITIES OR EXISTING
FACILITIES ARE INADEQUATE)**

**ADEQUACY OF DOCUMENTATION TO SUBSTANTIATE
THE NATURE AND MAGNITUDE OF THE PROBLEM**

COMMUNITY LIVABILITY

PROJECT FEASIBILITY

(50 POINTS)

FACTORS CONSIDERED:

**QUALITY OF DESIGN COMPARED TO ACCEPTED
STANDARDS**

**COST EFFECTIVENESS, DESIGNED TO CREATE
GREATEST BENEFIT FOR LEAST COST**

ALTERNATIVES EXAMINED

ADEQUACY OF OPERATING BUDGET

**QUALITY OF DOCUMENTATION THAT THE PROJECT WILL
SOLVE THE PROBLEM**

**COMMUNITY LIVABILITY
PROJECT IMPACT
(50 POINTS)**

FACTORS CONSIDERED:

CDBG COST PER PERSON

CDBG COST PER LMI PERSON

**COMMUNITY LIVABILITY
PROJECT ESSENTIALNESS
(100 POINTS)**

- 1. EXTREMELY CRITICAL - RESTRICTED TO LIFE
THREATENING SITUATIONS**
- 2. CRITICAL - RELATED TO SOLVING HEALTH AND
SAFETY PROBLEMS**
- 3. IMPORTANT - IMPROVES LIVING CONDITIONS,
QUALITY OF LIFE**
- 4. NEEDED - REMOVES INCONVENIENCE, IMPROVES
QUANTITY OR QUALITY OF PUBLIC SERVICES**
- 5. NOT NEEDED - DOES NOT ADDRESS CURRENT
PROBLEM**

Project Title _____

Community Livability - General

- A. Explain the reasons why this project is essential to the improved livability of your community. Describe in detail the problem to be solved, how long it has existed, and the impact it has had on the community. Provide documentation.
- B. Describe how you propose to solve the problem. Discuss alternative solutions and why your solution is the best.
- C. Demonstrate that the project is a high priority in your community. Include copies of newspaper articles, citizen petitions, resolutions and letters from community groups.
- D. Provide a maintenance or operation budget.

Project Title _____

Community Livability - Drainage

- A. Explain the flooding/drainage problem in the last five years. Describe the flooding in terms of intensity, duration and frequency. How has the area been affected, what are the estimated costs of damages to the area?
Provide documentation.

- B. Describe any efforts to correct the problem that the city has taken in the last five years. Describe why the existing drainage system is inadequate.
- C. Is the target area located in a flood plain? In a protected area? What other agencies are aware of the problem?

- D. Describe alternative measures that could be taken to correct the drainage problem and demonstrate that the proposed solution is the best.
- E. Explain and document that the project is a high priority in your community. Include copies of newspaper articles, minutes of public meetings, letters of support from citizens, merchants, and community organizations.
- F. Provide a maintenance budget.

Project Title _____

Community Livability - Fire Protection

A. Prerequisite

When was the department created? _____

Number of people serving in the department. _____

If this project is for a firehall, then you must have a qualified professional registrant stamp the design and Davis-Bacon wage rates must be used to calculate cost of the building. Provide a cost estimate.

Please list by name the members of your fire department that have completed the "Intro to Pump" course taught by State Fire School. (If applying for a fire truck, at least one member of the department must complete this course.)

B. Existing Fire Protection System

1. Describe the existing fire protection system.
2. Provide map(s) showing the location of all existing fire stations and the actual area they provide fire coverage.
3. If you are requesting a truck to go to a new fire station that is being built locally, show where the new proposed fire station(s) will be located and the area to be served.
4. Indicate the location of static water sources (ponds, pools, dry hydrants) and positive pressure (fire hydrants).
5. For each existing fire station indicate what the longest response time (in minutes) to an area that is served by that fire station (use a chart if necessary).
6. List the water system that serves the project area. Have you had any trouble working with them?
7. Discuss present level of training and manpower (Summarize this information. Do not include training certificates.)

C. Fire Protection Problem

1. Describe the existing fire protection problem and why this has not been addressed previously.
2. Describe on an annual basis the type and number of fires, and the amount of property loss. If possible, do this by individual departments. (Summarize this on one page in chart form.)

D. Organization

1. Describe how the existing fire department is organized and coordinates its fire protection efforts with surrounding fire departments.
2. List the other existing fire departments with which you have mutual aid agreements (do not include the actual agreements, as they will be checked during the site visit.) If the applicant has not entered into written mutual aid agreements, provide an explanation why they have not done this.
3. Describe the communication system in detail.

E. Insurance

1. What is the present ISO insurance rating for the area?
2. If the project is funded, how will this improve the rating?
3. What is the estimated insurance saving for the area?
4. Provide documentation from ISO and insurance company to support your statements.
5. If your current ISO rating is Class 8 or better, request a "Classification Improvement Statement" from ISO and include with application.
6. **Who will hold the title to the equipment purchased and provide the insurance?**

F. Planning

1. Has any Fire Protection Master Planning at the local or county level taken place? If so, provide copy of the report.

G. Existing Equipment

- Using the chart format below, describe all of the existing fire apparatus you presently have. A clean copy is on the next page of this application packet. Indicate with "*" the truck(s) you wish to replace.

Name of Volunteer Fire Department	Approximate Number of Houses in the Areas Served by the Department	Response Time to Farthest Point of Area	Year	Make of Truck	Pump Size (GPM)	Tank Size	Is it ISO Certified?	Conditions/ Comments About the Truck
Spring Creek	500	15 minutes	1956	Ford	750	750`	No	*pump broken
			1985	Chev.	1,000	1,000	Yes	ok

All of the fire trucks should be listed for each department. Expand the chart to do this.

- List the rest of the fire equipment by department you presently have.

Existing Equipment

[illegible]

H. Requested Equipment

1. Provide a detailed list of equipment and trucks and the estimated cost of each item.
2. Show that auxiliary equipment (i.e., foam, master stream devices, etc.) is needed by your community.

I. Budget

1. Provide a maintenance or operation budget. Indicate source of funds to be used for the budget.

J. Community Education

1. Describe your efforts to educate the community about the fire prevention.
2. How successful have your efforts been?

Project Title _____

Community Livability - Buildings (other than fire halls)

- A. Where is the closest public or private facility similar to the proposed project? Explain why it is not suitable to meet the needs of the project. Provide documentation.

- B. Provide the following information about the present usage of the facility over the past year. The type of activity or organizations, the number and percentage of total users that are low and moderate income.
- C. Does the proposed facility expect to serve more than one jurisdiction? If so, describe the jurisdictions (include unincorporated towns).
- D. How many hours per week will the facility be open, and for what purpose? Include letters of commitment from organizations that will be using the facility.

- E. Provide the annual operation budget for the proposed facility and the source of revenue for each item.

The budget is to include:

1. Salary/fringe benefits (include the number of full time and part time employees)
2. Maintenance
3. Utilities
4. Supplies
5. Furniture/equipment
6. Insurance

Project Title _____

Community Livability - Street Improvements

- A. Describe the existing problem with streets. How long has the problem existed? How severe is the problem? Provide documentation.

- B. Describe any actions taken by the city in the last two years to solve the problem.

Project Title _____

Neighborhood Revitalization & Housing Rehabilitation

NOTE: Answer all questions -- do not refer. Commitments, co-operative agreements, and letters of intent, as applicable, should be attached.

A. Attach legible program area maps (2).

1. Map of the target area showing all houses and structures in the area. Each structure should be numbered, and the number should be the same as the map survey form. Each structure should be identified: owner occupied or rental; LMI or over income; good condition, rehab or relocation; vacant, demolition, etc. Map should clearly indicate all proposed activities. Key map to correspond with questions in #B.
2. Community map with target area designated. Tax assessor maps are good maps to use.
3. Show all (this means every house) houses/structures in the target area.
4. Attach a photo of every house to be assisted with CDBG funds. Please list address and corresponding map number under the picture. The original and copy #2 of the application must have pictures in them. Xeroxed copies are not acceptable. A color copy of house is okay for copy #2.

B. All housing units by type in target area.

1. Total number of owner-occupied units
(indicate on map) _____
2. Total number of owner-occupied units you propose to
rehabilitate (indicate on map) _____
3. Total number of delapidated, owner-occupied units you plan
to acquire, demolish and relocate owner to the same site
(indicate on map) _____
4. Total number of delapidated, owner-occupied units
you plan to acquire, demolish and relocate owner to another
site (indicate on map) _____
5. Total number vacant, delapidated units to be demolished
only _____
6. Total number of rental properties (CDBG money will not be
used on rental property.) _____
7. Commercial structures/churches _____
8. Other _____
9. Total units to be addressed using CDBG funds
(Sum of # 2, 3, 4, & 5) _____
10. Total units to be addressed using other sources of funds _____
11. Total units not to be addressed _____
12. Total units in target area _____

(NOTE: Sum of # 1, 5, 6, 7, 8)

C. Housing rehabilitation standard in target area.

Indicate

1. Local code - required if adopted by locality - attach copy _____
2. Section 8 - Housing Quality Standard _____
3. Southern Standard Housing Code (for rehabilitation) _____
4. Southern Standard Building Code (for new construction) _____
5. TVA Energy Audits (Rehabilitation) _____
6. TVA Energy Saver Home Standards (new construction) _____

Do you plan to have an active local code enforcement program? Who will administer it?

D. Relocation

In detail, explain your relocation plans for the units listed in B.3 and B.4. What is the average replacement housing cost in the area?

E. Neighborhood Revitalization/Infrastructure

Do you propose activity in any of the following areas?

	Yes	No	Cost
Water	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sewer Lines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Septic Tanks	<input type="checkbox"/>	<input type="checkbox"/>	_____

If so, describe in detail and indicate on map.

F. Describe program administration and staffing plan.

(Who will provide code inspection? Who will handle program on a day-to-day basis? Who will handle financial affairs?) The staffing must be approved by ECD.

G. Financial assistance in target area.

NOTE: Assistance to be tailored to occupant income, rehabilitation cost subject to applicable code, unit condition, and owner type.

1. Estimated average cost per unit of rehabilitation: _____

How did you compute this?

2. Total cost of all acquisition. _____

How did you compute this?

3. Total cost of all relocation. _____

How did you compute this?

4. Describe the grant program.

H. Other Housing Programs.

1. What other housing programs do you propose to use in the target area?
2. How much have you or will you request from each source? (Be Specific)

- I. What other local efforts have been undertaken to improve the target area within the last 5 years (including infrastructure improvements, codes enforcement, loan programs, etc.)?